

Person-Centered Planning Software



Tying it all together

DSPD Value Statements

- ★ **Individuals experiencing disabilities are the experts on their personal interests, preferences and should be supported to make informed, self-determined choices, and maintain control over all aspects of their life.**
- ★ All individuals experiencing disabilities are able to connect, access and participate in their local communities to the same degree as non-disabled peers. This includes opportunities for independent living, work, service, friendship, mentors, recreation, education, resources, civic/political participation or other public support.
- ★ All individuals experiencing disabilities are offered the opportunity to work in competitive integrated employment, alongside co-workers without disabilities at minimum wage or higher.

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- These are DSPDs Value Statements. We use these at the start of many trainings to scope the work we are doing. Parts of each of the value statements will apply today, but the first one shows the commitment to person-centered thinking and planning that we are putting into all aspects of our service system. The new software supports our efforts to put the person at the center of the PCSP.

Brief History of New PCSP Software

- Settings Rule Compliance
- Introduced to Charting the LifeCourse
- Workgroup initiated 2018 which met frequently to give input and feedback
- Participants included SCs, providers, agency partners, individuals and family members
- Pilot group Dec. 2022

Important for a few seconds to talk about where we started in this process. The Home and Community Based Services Final Settings Rule was one of the first and remains a main motivating factor in all the changes you will see today and the timing of those changes. The Settings Rule was first released in 2014 and goes into effect March of 2023. Efforts to meet the specific requirements related to person-centered planning led to an introduction to Charting the LifeCourse, a framework with universal person-centered tools resources and planning to help anyone achieve their vision for a good life. More to come on how Charting the LifeCourse is integrated into this new software in a few minutes

Our next step was to hold a workgroup that started in 2018 and was consulted up until the end of last year. The workgroup reviewed all the resources you will see today, provided input and feedback on necessary adjustments to this new software. The workgroup included multiple support coordinators, providers, agency partners, individuals and family members.

The final step that led us to today included some of the same members of the workgroup and others piloting a few new Person-Centered Support Plans, using the new software in December and January of this year. Their feedback has continued up until this week even. We want to publicly thank those that contributed to the workgroup and that pilot as we prepare for the start of the HCBS Settings Rule in March 2023.

Support Coordinators will be able to:

- Utilize the principles of Person-Centered Thinking in Person-Centered Planning
- Adhere to Settings Rule requirements for individuals in services regarding PCSPs
- Be familiar with and access the Person-Centered Planning tools available to assist in creation of PCSPs
- Charting the LifeCourse Domains
- Understand the new person-centered planning software in USTEPS and create Person-Centered Support Plans (PCSPs)

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As discussed before, a main motivation for the timing of this change is the HCBS Settings Rule. The settings rule was introduced because self-advocates wanted more choice and control over where they live work and socialize. The settings rule is specific about what needs to be included in the person-centered process.

We hope you as support coordinators are able to understand the concepts of Person-Centered Thinking and Person-Centered Planning and are able to apply those principles, resources and person-centered tools as you work to support people experiencing disabilities in our state.

The new software encourages PCT and PCP. As we go through this demo, we will show you how to access and utilize existing person-centered planning tools, have a working understanding of what we mean when we use the term “life domain”, and finally the outcome, give you the information needed to understand the new person-centered planning software, and be able to create PCSPs using that software. As we move through the demo we will highlight places where concepts of person-centered thinking and planning are emphasized.

To be blunt, this is more work than previous PCSP software, we want to be clear and transparent about that.

What is Person-Centered Thinking?

When you are person-centered, it means you:

- Believe the person with the disability is whole and has dreams, talents and skills to offer to the world
- Look for the good in the person and try to bring it out to the best of your abilities
- Truly want to know and understand the whole person including their cultural identities and life experiences
- Are willing to push for the person's goals that may seem difficult or impossible
- Are flexible, creative and open to trying what might be possible

Brown, Adonis (2016). Self-Advocacy, Self-Determination, and Person-Centered Planning [PowerPoint Slides]. Retrieved from http://convention.thearc.org/wpcontent/uploads/2016/11/Self-Advocacy_Self-Determination_Person-Centered-PlanningATBrown.pdf

Person-Centered Thinking (PCT) is the foundation for Person Centered Planning (PCP). PCT is the belief or mindset that people with disabilities are the experts of their own lives and what a good life looks like for them. A “good life” looks different for everybody. It can include happiness; health and safety; employment; hopes and dreams; meaningful activities; close relationships with family, friends, and significant others; and being included in your community in a meaningful way. PCT provides the foundation for the practices that establish the means for a person to live a life that they, and those who care about them, value. PCT takes the person's cultural and social identities into consideration as well. Although many of us already believe we are person-centered, it is important for us to remain continuously open to re-examining and re-assessing where we truly are. Continued refreshing of PCT is beneficial to all of us, new and seasoned professionals, to avoid limiting a person's choices or controlling their lives.

Use these bullets to self-assess or check yourself. You may think you are person-centered but we can all do better. If you have room for improvement, make a plan to do so.

What is Person-Centered Planning?

Person-Centered Planning should lead to people:

- Having control over the lives they have chosen for themselves
- Being recognized and valued for their contributions (past, current, and potential) to their communities
- Living the lives they want

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The Person-Centered Planning (PCP) applies the concepts of person-centered thinking with personalized approach to planning services and supports that helps the person communicate and plan for what is important **to** them and important **for** them. PCP is a way to assist people in constructing and describing what they want and need to bring purpose and meaning to their life. PCP is based on the person and not on their diagnosis. The person's services and supports should help them reach their vision of a good life, which includes their expressed goals, needs, and desires – both what is important to the person and important for them to achieve the life they want to live. PCP involves the person and others who the person wants to participate in the planning process, coming together to ensure that the person drives the creation of their Person-Centered Support Plan (PCSP) to the fullest extent they desire and ultimately achieve their goals. Choice, direction, and control are expressed by the person at all stages of the PCP process.

The Settings Rule explicitly states that the Person-Centered Support Plan should always be in plain language.

Person-Centered Planning should lead to people:

- Having control over the lives they have chosen for themselves
 - Is the person able to develop and express autonomy in both everyday and life defining manners?
 - Is the person able to make both significant and small choices in their life?
 - Does the person have multiple experiences to choose from and are

- they able to choose which activities they would like to participate in and with whom?
- Being recognized and valued for their contributions (past, current, and potential) to their communities
 - Is the person able to develop valued roles in their various communities?
 - What communities does the person want to be a valued member of?
 - Is the person able to access places in the community that are not specifically designed for individuals with disabilities (businesses, neighborhoods, community events, places of worship, etc.?)
- Living the lives they want
 - Is the person supported and enabled to perform functional, age-appropriate, and meaningful activities within the social-cultural contexts of the communities in which they live?

Person-Centered Planning Competencies

The five core competency domains are:

- a. Strengths-based, culturally informed, whole Person-focused;
- b. Cultivating connections inside the system and out;
- c. Rights, choice, and control;
- d. Partnership, teamwork, communication, and facilitation;
- e. Documentation, implementation, and monitoring.

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Listed here are the “Five Competency Domains for Staff Who Facilitate Person-Centered Planning” published by the National Center on Advancing Person-Centered Practices.

https://ncapps.acl.gov/docs/NCAPPS_StaffCompetencyDomains_201028_final.pdf

Person-Centered Planning is:

Strengths-based, culturally informed, whole Person-focused;

- Demonstrates self-awareness and practices cultural humility
- Learns about cultural and linguistic preferences and experiences of trauma and uses this learning in the planning process
- Uses person-centered tools to support goal discovery, vision, and self-directions
- Conveys high expectations for meaningful outcomes across broad quality of life areas valued by the person
- Creates a comprehensive, strengths-based profile that helps the person discover themselves as a whole person beyond their disability or diagnosis

Cultivating connections inside the system and out;

- Understands the systems and supports a person may choose to access and facilitates linkages as appropriate
- Understands basic issues related to different populations served
- Promotes connection to valued natural community activities and relationships that matter most to them

- Actively involves family caregivers and/or other supporters in collaboration to develop the PCSP according to the preferences of the person
- Supports creation or maintenance of a meaningful life in the community as a fundamental human right, not something that must be “earned” by demonstration or compliance

Rights, choice, and control;

- Presumes all people are competent and have the capacity to actively participate in the planning process
- Understands concepts of dignity of risk and right to fail
- Provides basic education about one’s rights in services including the right to be free from discrimination
- Supports people to advocate for themselves, or advocate for them as appropriate, when their preferences are not being honored
- Practices supported decision-making to assist a person to make and communicate to others decisions about their life.
- Understands how to recognize abuse, neglect, exploitation, and how to report violations

Partnership, teamwork, communication, and facilitation;

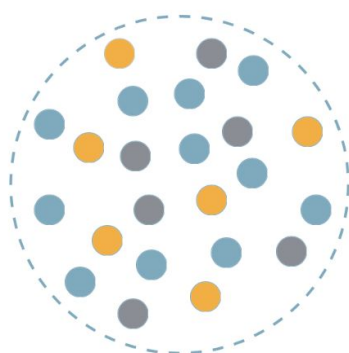
- Respects the preferences of the person behind person-first vs. identity first language
- Respects the person’s input regarding the planning meetings - who to involve, when and where to hold it, priorities for discussion areas, preferences around facilitation
- Facilitates one-on-one or team meetings in a respectful, professional manner and works to ensure the person’s preferences shape the process.
- Makes space for contributions of all team members during person-centered planning meetings, making sure the person’s voice is given primary consideration
- Understands and knows how to help the person and their supporters identify and work through differences and conflicts.
- Maintains a focus in the conversation on the person’s desired life goals and outcomes

Documentation, implementation, and monitoring.

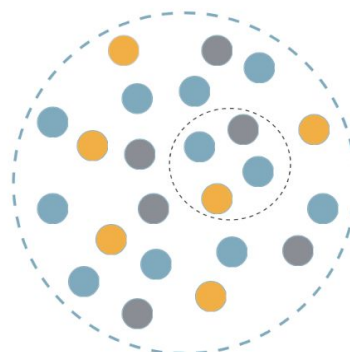
- Actively includes the person’s strengths, interests, and talents in the plan and its implementation
- Writes plans using the person’s preferred name, language, and identify preferences
- Frames goal statements using language that is clear and accessible while capturing what is important to the person in their own words wherever possible
- Reflects the services and supports, paid and unpaid, in plan documentation that will assist the person to achieve identified goals
- Solicits ongoing feedback from the person and their supports on progress and

- concerns, and revises the plan as needed in an expedient manner
- Monitors and oversees the implementation of the plan to ensure that services are delivered in accordance with the person's preferences, and in accordance with specifics of the plan

Community Inclusion + Community Integration



Inclusion



Integration

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Definitions quoted from Foundations of PCP Support Coordinator Handbook.
<https://dspd.utah.gov/resources/person-centered-planning/>

Community Inclusion - Community inclusion is the right of people with disabilities to live in and have full access to their community to the same extent as those people without disabilities; while being valued and treated with dignity and respect.

Community Integration - Community integration is the right of people with disabilities to live in the community and be valued for their uniqueness and abilities to the same extent as others without disabilities. Community integration means actively working to not only bring people into their community, but also ensuring that they are able to contribute to the development of their community and feel like they are an integral part of it. People are not forced to be a part of any one community; they should be given the opportunity to participate in a variety of communities they are interested in.

Community inclusion is successful when individuals have:

- Relationships with others who are not paid to spend time with them
- Opportunities to experience a variety of social roles that include friendships,
- contributing to the community and gaining new skills
- Resources and opportunities to do and accomplish things that are important to them

Informed Choice

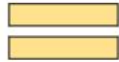
Options – People must have more than one option to choose from



Information – People must have information on each of the options



Experience – People must have experience with each of the options



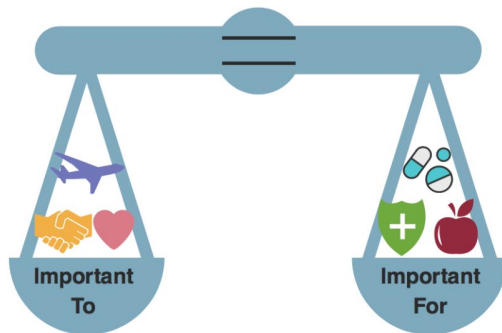
Informed Choice

Informed Choice:

Individuals have the options, information, and experience to decide how they want to live their lives.

Informed Choice: A choice is informed when a person has options, information about the options, and experience with the options. Helping people make an informed choice involves providing or assisting them in acquiring information that enables them to exercise informed choice in the development of their Person-Centered Support Plan. In the PCSP this means the person makes informed decisions about outcomes, supports and services, service providers, the most integrated settings in which the supports and services will be provided and methods for obtaining services. Those who assist and support the person must work together in order to ensure the person is gaining experience and knowledge about different options so that they are able to make an informed choice about what they want for their life.

Individual Choice and Control

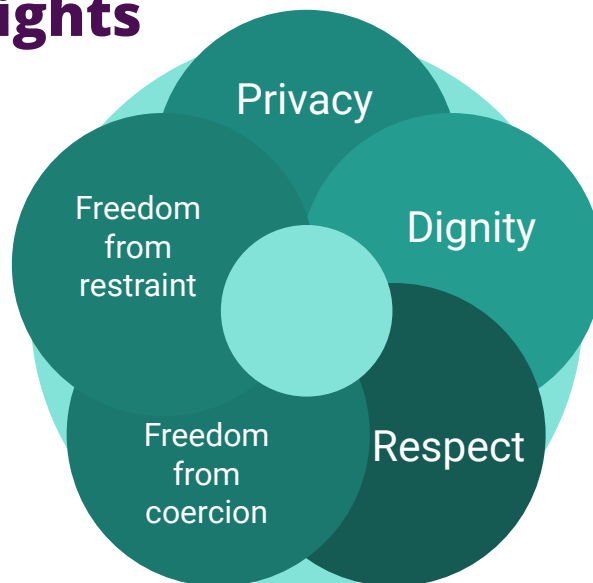


It is crucial to person-centered thinking to separate between what is important **to** and what is important **for** a person, and find a balance between the two.

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Individual Choice and Control - PCT supports people having positive control over their lives by ensuring they are at the center of decisions that are made about all aspects of that life. Individuals are able to make decisions for themselves throughout all life domains. It is crucial to person-centered thinking to separate between what is important to and what is important for a person, and find a balance between the two. Although services are often very good at describing and delivering what is important for someone, what can often be missed is what matters to the person. If we want people to address what is important for them, there has to be an element of it that is important to them.

Human Rights



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Human Rights - As outlined in the Settings Rule, all people, including those with disabilities, have certain rights. These rights include, but are not limited to:

- Privacy: The person can be alone if they want to and can decide when and with whom to share spaces, conversations, and information.
- Dignity: The person has self-respect, is respected by others, and is treated like someone that has value and worth.
- Respect: The person is treated with kindness and consideration by others.
- Freedom from coercion: The person does not have to do things that they do not want to do.
- Freedom from restraint: The person cannot be held against their will, including physical restraints and other types of restraints, such as withholding access to food or personal items.

Rights Restrictions are any behaviors or policies that violate any individual rights. IE "Earning" the privilege to go into the community, not allowing cell phones during the day, keeping snacks and food unavailable except at a certain time during the day. The "Golden Rule" of rights restrictions - If you wouldn't want someone keeping you from doing something, you shouldn't be keeping anyone else from doing that same thing.

HCBS Settings Rule Requirements (PCSP)

- Reflect that the setting in which the person resides is chosen by the person.
- **Reflect the person's strengths and preferences.**
- Reflect clinical and support needs identified through assessment of need.
- **Include individually identified goals and desired outcomes.**
- **Reflect the services and supports** that will assist the person to achieve identified goals, **and the providers of those services and supports - paid and unpaid**
- **Reflect risk factors** and measures in place to minimize them, **including personalized backup plans** and strategies when needed

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According to the Settings Rule, the PCSP must reflect the services and supports that are important for the person to meet the needs identified through an assessment of functional need, as well as what is important to the person with regard to preferences for the delivery of such services and supports. The full requirements of written PCSPs are included on the next two slides. We won't take the time to read them now but there are a few we want to highlight. Let me repeat - creating a PCSP will be more work. There is more involved. There will need to be pre-planning before the actual meeting. You will want to support the individual in running the meeting as much as possible, allowing them to be in control of their life. But the belief is that by doing so, the person will have a better quality of life and better outcomes. In other words, it will be worth the effort.

Per CMS-2249- F/CMS-2296-F, **the written PCSP must:**

- Reflect that the setting in which the person resides is chosen by the person.
- **Reflect the person's strengths and preferences.**
- Reflect clinical and support needs as identified through an assessment of functional need.
- **Include individually identified goals and desired outcomes.**
- **Reflect the services and supports (paid and unpaid) that will assist the person to achieve identified goals, and the providers of those services and supports, including natural supports.** Natural supports are unpaid supports that are provided voluntarily to the person in lieu of HCBS and supports.
- **Reflect risk factors and measures in place to minimize them, including**

- **personalized backup plans and strategies when needed.**
 - Individualized back-up plan means a written plan that is sufficiently individualized to address each person's critical contingencies or incidents that would pose a risk of harm to the person's health or welfare.

HCBS Settings Rule Requirements (PCSP)

- **Be understandable to the person receiving services and the people supporting them.**
- Identify the person and/or entity responsible for monitoring the plan.
- Be finalized and **agreed to by the person in writing**, signed by all who will implement it.
- **Be distributed to the person and others involved in the plan.**
- Include those services the person elects to self-direct.
- Prevent the provision of unnecessary or inappropriate services and supports

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More requirements for PCSPs: It should...

- **Be understandable to the person receiving services and supports, and the people important in supporting them. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to people with disabilities and people who are limited English proficient.**
- Identify the person and/or entity responsible for monitoring the plan.
- Be finalized and **agreed to, with the informed consent of the person in writing**, and signed by all people and providers responsible for its implementation.
- **Be distributed to the person and other people involved in the plan.**
- Include those services, the purpose or control of which the person elects to self-direct.
- Prevent the provision of unnecessary or inappropriate services and supports.

For a great resource on how to run a person-centered planning meeting that will meet HCBS Settings Rule requirements, refer to the PCP Support Coordinator Handbook! It will walk you through the process.

Keep PCT, PCP and Settings Rule Requirements in the back of your mind as we demonstrate the updated version of USTEPS. The goal was to make the process as person-centered as possible. That is the “why” behind some of the changes that have been made - to help the team focus on the person.

Charting the LifeCourse Life Domains



Daily Life and Employment
(school, employment,
volunteering, communication,
routines, life skills)



Healthy Living
(medical, mental health,
behavioral, nutrition, wellness,
and developmental)



Community Living
(housing, living options, home
adaptations and modifications,
community access, transportation)



Safety and Security
(emergencies, well-being, legal
rights & issues, guardianship
options & alternatives)



Social and Spirituality
(friends, relationships, leisure
activities, personal networks,
faith community)



Advocacy and Engagement
(valued roles, making choices,
setting goals, responsibility,
driving one's own life)

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-Important To items are not coming in from the SIS any more - UCANS includes strengths sections that will appear in the plan as possible Important To items.

Life Domains have been integrated into the PCSP process and Utah's new software. This is the space to record the -Important To- items for the individual. Their use is **not optional** so we want to give you a brief overview of what they are so you will be able to incorporate them into the plan. If you are unfamiliar right now with the idea of a domain, the concept is very basic and applies to a person with a disability the same as it would for any of us or a non-disabled peer. Life domains are the different aspects and experiences of life that we all consider as we age and grow.

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. The domain areas that you will see in the plan include daily living and employment, community living, social and spirituality, healthy living, safety and security, and advocacy and engagement. Everyone has to figure out: what they are going to do during the day – go to school, volunteer, get a job; how they are going to stay healthy and safe; and so on. Good person-centered planning includes what is important **to** and **for** a person in **all** life domains; not just health and safety. The life domains support the Person-Centered Planning process in thinking about and planning for life experiences, not just services and supports. Considering all life domains adds to the quality of life for a person.

DSPD's use of the CtLC life domains represents a belief that understanding the whole person is important for person centered thinking and planning. In order to ensure we

are taking that holistic approach to each person's good life, some discussion and information should be included in each domain within this new software. That information will be individualized, based on the stage the person is at in their life, and updated each year. Bottom line, by thinking about the person in each of the life domains, there is an increased probability of developing a comprehensive view of the person that is more likely to include who the person is and what they are about, how to support them to reach their most desired life.

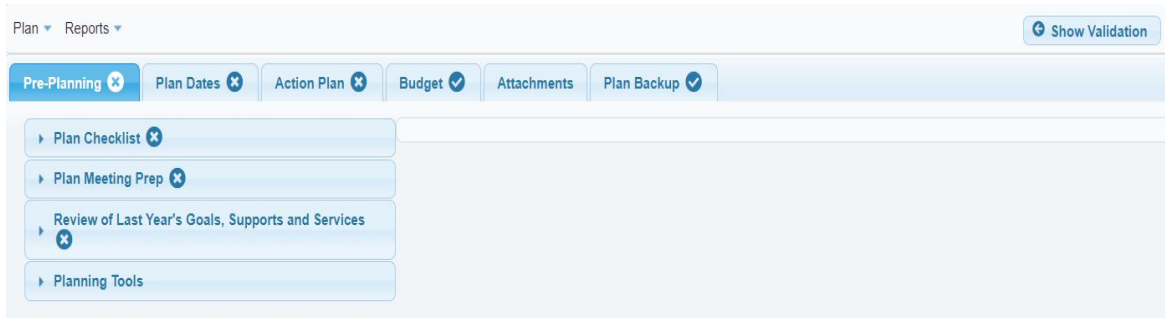
For more information on Life Domains -

<https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/>

<https://umkc.box.com/shared/static/m6pu50fpao5w5i3nyoi26vmua8gfpt3m.pdf> - This link will download the Experiences and Questions Booklet - A Guide for Individuals, Families, and Professionals where all of the questions in the new software came from.

<https://dspd.utah.gov/resources/person-centered-planning/>

New Software Overview



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Here is what the actual first screen of the new PCSP software looks like when you click to create a new plan.

You will notice that some things are the same, but some things are different. You can see there are more Navigation Tabs across the top. Each tab has the detailed Data Entry areas listed on the Left Side of the page.

The software format is set up so you will do it in order. You will get more errors if you jump around than if you start with pre-planning and move forward through all of the steps.

Tool Tip and i icon

The screenshot displays a software interface for plan management. The top section, 'Plan Checklist', includes a sidebar with options like 'Plan Meeting Prep', 'Review of Last Year's Goals, Supports', and 'Planning Tools'. The main area shows a checklist table with columns for 'Plan Checklist', 'Value', and 'Due Date'. A tooltip is visible over the 'Level of Care' row, stating: 'The Consumer's Level of Care is over one year old.' Below this, the 'Plan Services' section shows a table with columns for 'FORs', 'Service', and 'Detail'. A tooltip is visible over the 'Service' column, stating: 'If associated with a Provider, Service can only be deleted from the Provider Service tab'.

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This slide contains many of the updated tips and aids that have been added to the new software. First, as you can see there will be an “i” icon on multiple lines and screens. If you click or hover over the “i” icons text suggestions and explanations will appear. When we jump to the software demo, we will show you what this looks like.

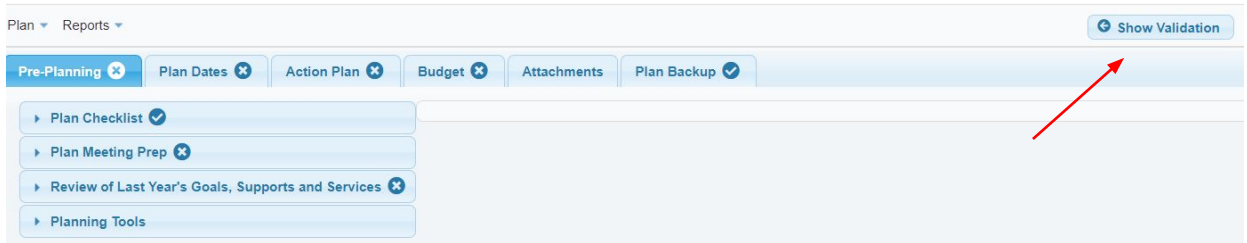
Another tip is the “x” or check marks throughout each menu, tab or screen. As you might have guessed these are an additional validation tool, when a section is complete the x (most are red) will turn into a checkmark (most are green). When the x remains after the plan has saved, something in that section is incomplete.

These error messages can also provide information about the process and what needs to be changed or fixed. You can hover over the X to see what is missing.

Check marks, including green check marks, means all is well.

Note- each time you switch screens, menus or tabs the plan automatically saves.

Validations



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You can validate the plan at any time and it will give you a list of what needs to be addressed. You can access this flyout at any time - it will stay open on the screen but can be moved out of the way while you work. We will show you how this works later in the presentation. It can tell you why there are red x's so you can fix things that you have missed or not completed.

Validations

Plan failed USTEPS validation:(39).

Category	Validation Error
Annual Review	Annual Review is incomplete
	Goal review is required for Annual Review Goal(Alvin (I) want to communicate better with family, friends and community members)
	Ongoing Goal Response is required for Annual Review Goal(Alvin (I) want to communicate better with family, friends and community members)
	Goal Status is required for Annual Review Goal(Alvin (I) want to communicate better with family, friends and community members)
	Support review is required for Annual Review Support(Support Coordination External)
	Support review is required for Annual Review Support(Fiscal Management Service)
	Support review is required for Annual Review Support(Education)
	Support review is required for Annual Review Support(Medical/Dental)
	Service review is required for Annual Review Service(Fiscal Management Service)
	Ongoing Service Response is required for Annual Review Service(Fiscal Management Service)
	Service review is required for Annual Review Service(Support Coordination External)
	Ongoing Service Response is required for Annual Review Service(Support Coordination External)
	Service review is required for Annual Review Service(Supported Living Hourly - Family managed SAS)
	Ongoing Service Response is required for Annual Review Service(Supported Living Hourly - Family managed SAS)
	Service review is required for Annual Review Service(Supported Living by a parent/guardian -SAS)
Ongoing Service Response is required for Annual Review Service(Supported Living by a parent/guardian -SAS)	
Plan Meeting Prep	Supports Provided information is required.
	Meeting Place and time information is required.
	Attendees information is required.
Plan Meeting	Accommodations information is required.
	Plan Meeting Date is required.
Plan Meeting	Plan Sionature Date is required.

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- When the “Show Validations” button is clicked, the validations are displayed.
- The “Show Validations” button can be clicked anywhere in the PCSP; the validations are grouped into the functional areas of the plan.
- This removes the need to exit the section being worked on and allows easy access to plan feedback.

Choose Your Path



utah department of human services

Home Log Consumer Contact Sign Out UPI Help Admin Search Report CAPS

Alvin Munk 021055921 Male ID In Service Jeanette Miller

Plans

New-Pcsp Rewrite

New

Consumer Plans

Plan Cycle	Status	Activation Date	Type
Plan Cycle [01/01/2024 - 10/31/2024]	New, Pending		On-going
Plan Cycle [11/01/2022 - 10/31/2023]	Active	11/15/2022	On-going
Plan Cycle [11/01/2021 - 10/31/2022]	Ended	10/10/2022	On-going
Plan Cycle [11/01/2020 - 10/31/2021]	Ended	09/16/2021	On-going
Plan Cycle [11/01/2019 - 10/31/2020]	Ended	10/29/2020	On-going
Plan Cycle [11/01/2018 - 10/31/2019]	Ended	08/15/2019	Initial
Plan Cycle [07/01/2018 - 10/31/2018]	Ended	11/15/2018	Waiting List
Plan Cycle [08/14/2017 - 06/30/2018]	Ended	08/14/2017	Waiting List
Plan Cycle [05/01/2015 - 04/30/2016]	Ended	08/07/2015	Waiting List

When you go to create a new PCSP in USTEPS, this is what you will see. This option to “choose your path” will be available to you until the end of February. You will be able to choose “New” which will take you to the software the way you have known, or “New PCSP Rewrite” to use the new software. On and after March 1st, you will no longer have the option - you can only use the new software. We recommend that you complete at least one PCSP using the new software before March 1st. Any plans completed with the old software will not need to be changed after March 1st but when you have the next PCSP for that person after March 1st 2023, you will do it in the new software.

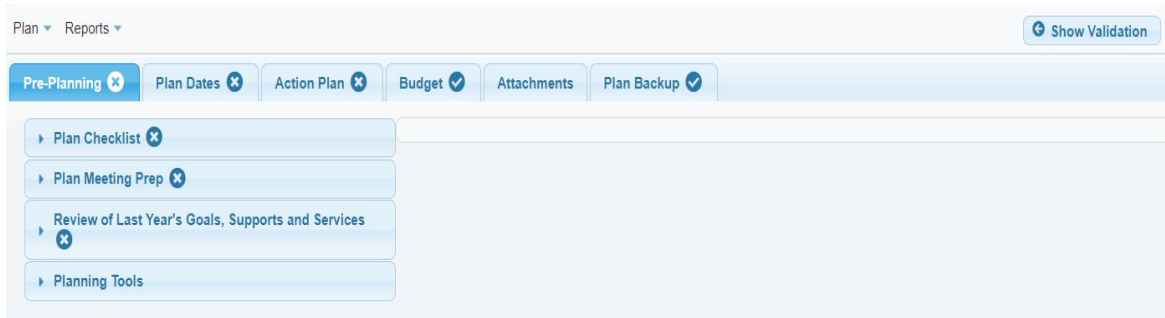
On Feb. 15, 21 and 24 we have some office hours you can drop into for help and to ask any questions. We also have some appointments that you or your company can sign up for to get one-on-one help and training. Refer to the email for the times and links

Pre-Planning

- Plan Checklist
 - Eligibility
 - Program Type
 - UCANS date
 - Employment Pathway Tool completed
 - Restricted Services
 - Pro Forma Budget - One-Time Money
- Plan Meeting Prep
 - Supports to help person lead meeting
 - When/where to hold meeting
 - Who to invite to meeting
 - Accommodations
- Review of Last Year's Goals, Supports, and Services
 - Goals and Supports
 - Non Goal Supports (SC, PBA, Med Mgmt)
 - Services
 - Additional Information to apply to review
- Planning Tools
 - Any PCP tools completed for the person
 - Can select ones to view for the Plan

These are the items found under the Pre-planning tab.

Pre-Planning Menu Overview



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The first screen that appears when you create a new PCSP in the new software is this overview. It starts with the Pre-Planning tab open as a reminder that this is the first place to begin writing a new PCSP.

These are new or different from the current USTEPS software.

- No SIS or Social History.
- No Person-Centered Profile.
- Review of Goals, Supports, and Services are all addressed separately now.
- Plan Meeting Prep is new - to include the person in planning the meeting (and meet Settings Rule requirements)
- Person-Centered Planning tools can be used to replace/enhance the person-centered profile.

Pre-Planning - Plan checklist

Pre-Planning

Plan Dates

Action Plan

Budget

Attachments

Plan Backup

Plan Checklist

Plan Meeting Prep

Review of Last Year's Goals, Supports and Services

Planning Tools

Plan Type: On-going | Plan Status: New, Pending

Item	Value	Due Date	Completed	Errors	Notes
Level Of Care		11/30/2022	11/05/2021	The Consumer's Level of Care is over one year old.	
Financial Eligibility	SM				
Eligibility Decision		11/30/2022	11/05/2021	The Consumer's eligibility decision is over one year old.	
Person Centered Profile			10/10/2022		
Medicaid Eligibility	HCB Medicaid		11/28/2018		If Plan is an Initial Plan and MRG is the only Service, Medicaid Eligibility is not needed
Program Type	ID/RC Community Supports				
Office	CDD - PROVO 3				
UCANS		11/30/2023	11/03/2022	Ucans completed within 60 days of Plan Start Date is required.	
Employee Pathway Tool			11/16/2022		

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Plan Checklist - quick overview

- The Pre-Plan Checklist is an organization of information that was shown during validation during the previous plan software, but now you can see it all up front. The checklist provides information on the status of a variety of areas that need to be completed prior to activating the PCSP.
- Each item is marked with either a red X or a green checkmark. Items marked with an 'X' will need to be completed or updated prior to activating the current PCSP.
- Note: If the UCANS is due, but not completed, the current UCANS data will not be imported into the new plan. You will want to update it before going further on creating a plan so that the most current information will be available. Reminder - it needs to be within 60 days of Plan Start date or it will not validate.

Pre-Planning - Plan Meeting Prep

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Plan Meeting Prep

This is a new concept, a new screen and expectation.

As part of Settings Rule, PCSPs and the PCSP process must be lead by the individual where possible and include people chosen by the individual. It should provide the information that the individual needs in order to make sure that they are able to lead the planning process as much as possible, and make informed choices and decisions.

The meeting should happen at times and places that are easily accessible for the individual. It should reflect cultural considerations of the individual and be conducted by providing information in plain language and in a manner that is accessible to the individual including those who are limited English proficient. (See Person-Centered Planning Foundational Handbook for Support Coordinators on the DSPD PCP webpage <https://dspd.utah.gov/resources/person-centered-planning/>)

This screen is where you can encourage and ensure the individual has as much control and input in the PCSP meeting as possible, a PCP competency.

AND, it can be used to document that these Settings Rule requirements have been met.

Like Bryn is demonstrating, you just write down what took place and the conversation

you had with the individual in your preparation meeting about how much they want to lead their meeting, when and where to have it, who they want there, and any accommodations needed..Using the person's voice, word choice, and plain language in planning is a PCP competency.

Pre Planning - Review of Last Year's Goals

<input checked="" type="checkbox"/>	Alvin (I) want to communicate better with family, friends and community members
<input checked="" type="checkbox"/>	Alvin wants assistance to learn and practice communication skills and use them in home and community interactions

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Review of Last Year's Goals, Supports and Services.

Here's where you can see the goals that have carried forward from the previous plan.

New Things!

- Goals and Supports only roll forward to the new "action" plan if they are reviewed as "on-going". This will help with goals and supports being current in the new plan
- Supports are reviewed independently from goals. Again this will help supports to be current in the new plan.

Review of Last Year's Goals - Review Goals

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Review Goals

When you click on the goal, it will open up a working screen to determine if this goal will be kept in the upcoming year.

- Ongoing Goal
 - Yes, then what?
 - It will move to Action Plan
 - **It can be changed or modified at any point**
 - The supports will need to be reviewed and decided if on going or not. If not, they will drop. If yes, they will appear with the goal in the Action Plan
 - No, then what?
 - It won't carry forward
 - The supports won't carry forward either
 - **TIP if you want to keep the supports but want to change the goal, mark the goal as on-going, and change it during the Action Plan, Goals and Supports**
- Goal Domain - Select from the drop-down menu your best guess. Goals appear in the Life Domain area in the Action Plan.
- Review Goal - why is it ongoing? This is an opportunity to review the previous year and state why or why not the goal is ongoing.
- Review the Supports
 - Supports can be ongoing or dropped from the goal by clicking "no".

- Every discontinued, complete or ongoing goal and support need to be reviewed and reported on to validate this section of the plan

Review Last Year's Goals - Non Goal Supports

The screenshot shows a web-based interface for reviewing non-goal supports. At the top, there is a navigation bar with tabs: Pre-Planning (with a plus icon), Plan Dates (with a plus icon), Action Plan (with a plus icon), Budget (with a checkmark), Attachments, and Plan Backup (with a checkmark). On the left side, there is a sidebar menu with the following items: Plan Checklist (plus icon), Plan Meeting Prep (plus icon), Review of Last Year's Goals, Supports and Services (plus icon), Review Goals and Supports (plus icon), Review Non Goal Supports (plus icon), Review Services (plus icon), Additional Information, and Planning Tools. The main content area is titled 'Annual Review For Non Goal Supports'. It features a section for 'Support Coordination External' with a question: 'Is this an Ongoing Non GoalSupport for the New Plan?' and two radio button options: 'Yes' and 'No'. Below this is a text box with the prompt: 'Review Non Goal Support(Please include 'Ongoing' response justification)'. At the bottom of the main area, there are three expandable sections: 'Fiscal Management Service', 'Education', and 'Medical/Dental', each with a plus icon and a cross icon.

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Review Non-Goal Supports

When you click on the non-goal support, it will open up a data entry screen to determine if this support will be kept in the upcoming year.

- Ongoing Support
 - Yes, then it will move to Action Plan
 - No, then it won't carry forward
- Either choice, you will need to provide a the review and reason for the choice in the text box.
- You will address each non-goal support separately

This new software requires you to look at and review Non Goal Supports and Services separately. Previously, the same things were often put in both areas and it wasn't a big deal. Now that you have to review them, it can be more time-consuming. We recommend using Non Goal Supports for things that have an actionable item from the UCANS, something that shows up as a 2 or 3, but does not have a specific goal for it. And for things that are not also a service.

Bear in mind that after this first new PCSP in the new software, you will have cleaned up the duplication in this area so the next one will be faster.

Review Last Year's Goals - Services

Pre-Planning Plan Dates Action Plan Budget Attachments Plan Backup

Plan Checklist
Plan Meeting Prep
Review of Last Year's Goals, Supports and Services
Review Goals and Supports
Review Non Goal Supports
Review Services
Additional Information
Planning Tools

Annual Review For Provider Services

FMS - Fiscal Management Service

Is this an Ongoing Provider Service for the New Plan? Yes No

Review Provider Service

Review Provider Service(Please include 'Ongoing' response justification)

SCE - Support Coordination External

SL1 - Supported Living Hourly - Family managed SAS

SL3 - Supported Living by a parent/guardian - SAS

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Review Services

When you click on the service, it will open up a data entry screen to determine if this service will be kept in the upcoming year.

- Ongoing Service
 - Yes, then it will move to Action Plan
 - No, then it won't carry forward
- Either choice, you will need to provide a review and reason in the text box.
- You will address each service separately.
- Each Service classified as "Ongoing" will show up again in the Action Plan.

Review Last Year's Goals - Additional Info

Pre-Planning ✕

Plan Dates ✕

Action Plan ✕

Budget ✓

Attachments

Plan Backup ✓

Plan Checklist ✕

Plan Meeting Prep ✕

Review of Last Year's Goals, Supports and Services ✕

Review Goals and Supports ✕

Review Non Goal Supports ✕

Review Services ✕

Additional Information

Planning Tools

Annual Review General Information

Additional Information

Any additional information that is pertinent to the PCSP but not covered in Goals, Non-Goal Supports, or Services, can go here.

Pre-Planning - Planning Tools

Tool Selected For Plan	
Employment Pathway Tool	11/16/2022

Select Plan Tools	
<input checked="" type="checkbox"/> Relationship Map	
<input type="checkbox"/> 10/28/2022	
<input type="checkbox"/> 11/09/2022	
<input type="checkbox"/> 11/21/2022	

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We encourage the use of Planning Tools when preparing for and creating the PCSP. Doing so will provide a great foundation for building the plan. It also fits several PCP competencies.

- All Planning tools that have been completed in USTEPS will be displayed in this list by type and date
- Specific tools can be viewed by clicking on the date/note for the tool
- Specific tools **can be linked** to the plan **by selecting the checkbox** next to the tool

Planning tools created outside of USTEPS can be uploaded and found in the Attachments tab. From there, you can follow the same process to link them to the plan, by clicking the checkbox.

Plan Dates Overview

The screenshot shows a web interface with a top navigation bar containing tabs: Pre-Planning, Plan Dates (active), Action Plan, Budget, Attachments, and Plan Backup. Below the tabs is a form with the following fields:

- Effective Start Date: 11/01/2023
- Effective End Date: 10/31/2024
- Meeting Date: (empty)
- Effective Signature Date: (empty)
- Meeting Minutes: (large text area)

Each date field has a calendar icon to its right. The Meeting Date and Effective Signature Date fields are preceded by a red 'X' icon.

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This screen is essentially the same as in the previous plan

Effective Start and End Dates for the plan along with the Meeting Date and Signature Date. The Meeting date - the date the meeting was held - does not need to be the same as the signature date. They do however need to be before the Effective Start Date!

There is space to write your Meeting minutes. Remember to use plain language and the person's voice to the extent possible. This area can document connections made, partnership and teamwork demonstrated during the meeting, and plans for implementation and monitoring. PCP competencies!

Be aware that once a PCSP has been activated, you will not be able to go back to modify anything in the Pre-Planning and Plan Dates tabs. Be sure to proofread it and maybe have a co-worker look it over before activating the plan to make sure it reflects what happened and that things are recorded the way you want them.

Action Plan

Person Centered Processes

Domains and Stages

Planning Tools

- *Charting the LifeCourse, etc.
- *Essential Lifestyle Planning
- *Employment Pathway Tool
- *UCANS
- *Person Centered Profile

Person Centered Support System

Natural Supports

- *Family/Friends
- *Community Groups

“Other” Supports

- *State Medicaid
- *Voc Rehab

Paid Supports

- *DSPD/Waiver

Person Centered Action Plan

Goals (Person’s Best Life)

- *Goal Supports/TO

Non-Goals Supports

- *Health and Safety/
Actionable/FOR

Now we will move to the “meat” of the PCSP, the Action Plan.

The new software encourages you to use person-centered processes such as life domains and life stages, and person-centered planning tools. You will connect with the person-centered support system made up of paid and natural supports to create a person-centered action plan which focuses on goals that are important TO the person, combined with supports that are important FOR them..

Action Plan

- Domains/Add Goal
- Add Natural Supports
- Add Other Supports
- Add Paid Services
- Goals and Supports
- Non Goal Supports
- Selected Plan Attachments

You can also Delete Goal and Delete Support from this screen.

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The Action Plan is where the Important TO, goals, supports, and Important FOR elements come together.

Each element is considered separately in this version of the software.

Action Plan

The screenshot displays the 'Action Plan' tab selected in a software interface. At the top, there is a horizontal navigation bar with several tabs: 'Pre-Planning' (with a close icon), 'Plan Dates' (with a close icon), 'Action Plan' (active, with a close icon), 'Budget' (with a checkmark), 'Attachments', and 'Plan Backup' (with a checkmark). Below this bar, there are two buttons: 'Delete Goal' and 'Delete Support'. A vertical menu on the left side of the main content area contains the following items: 'Domains/Add Goal' (with a close icon), 'Add Natural Supports', 'Add Other Supports', 'Add Paid Services' (with a close icon), 'Goals And Supports' (with a checkmark), 'Non Goal Supports' (with a checkmark), and 'Selected Plan Attachments'. The main content area to the right of the menu is currently empty.

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This is the overview of the Action Plan tab and the menus you will find here. We will discuss each menu in more detail.

The new software encourages you to use person-centered processes such as life domains and life stages, and person-centered planning tools. You will connect with the person-centered support system made up of paid and natural supports to create a person-centered action plan which focuses on goals that are important TO the person, combined with supports that are important FOR them. (PCP Competencies!)

The Action Plan is where the Important TO, goals, supports, and Important FOR elements come together.

Each element is considered separately in this version of the software.

Domains/Add Goal

Pre-Planning Plan Dates Action Plan Budget Attachments Plan Backup

Delete Goal Delete Support

Domains/Add Goal

+ New Goal

- Daily Life Employment
- Community Living
- Safety & Security
- Healthy Living
- Social & Spirituality
- Citizenship & Advocacy

Add Natural Supports

Add Other Supports

Add Paid Services

Goals And Supports

Non Goal Supports

Selected Plan Attachments

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The Domains/Add Goal menu:

For those familiar with Charting the LifeCourse tools, this section replicates the Life Domain Vision Tool.

-NOTE: Each goal must be classified into one of the six Charting the LifeCourse (CtLC) “Domains”. There are no hard, fast rules about this; just pick what makes most sense to you/the team, where you think it fits best.

-When a new goal is created, it will be associated with the selected Domain

- The Domain information replaces the important ‘TO’ information from the SIS
- Identified strengths from the UCANS are imported into the matching Domain

New goals can be added in this section while you are discussing the Life Domains. To do so, select a domain by clicking on it, then click the New Goal button.

First we will discuss how to add Domain Information for a person.

Adding Domain Information for a Person

Pre-Planning ☒ Plan Dates ☒ Action Plan ☒ Budget ☒ Attachments ☒ Plan Backup ☒

Delete Goal Delete Support

Domains/Add Goal ☒

+ New Goal

Daily Life Employment

Goals

I want to go to the Olympics

Community Living

Safety & Security

Healthy Living

Social & Spirituality

Citizenship & Advocacy

Add Natural Supports

Add Other Supports

Add Paid Services ☒

Goals And Supports ☒

Non Goal Supports ☒

Selected Plan Attachments

Add Domain Information (Important TO Item)

Label Optional

Note

Add Clear

Daily Life Employment Domain Information (Important TO Items)

Label	Note	Category	From
Am I learning about the different roles people have in life and how they are interrelated?	I know some people help me at work, some people help me with my meals and shopping and my family helps me with a budget.	Applicable	PLAN
Educational Setting	School/preschool or vocational program works with the individual and family to address the individual's educational needs; OR the individual likes school.	Applicable	UCANS
Job History Volunteering	Individual has a history of meaningful work or employment/volunteering but is currently not working/volunteering or is not currently experiencing these roles.	Applicable	UCANS

Hide Not Applicable

Suggested Questions

Prenatal And Infancy +

Early Childhood +

School Age +

Transition +

Adulthood +

Aging +

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The Domains and Stages are intended to be developed through a conversation with the Person and those important to the Person.

As stated before, items designated on the UCANS as strengths will auto-populate the appropriate Life Domain.

Each Domain includes Prompting questions for each life stage found on the right hand side menu that can be used to get to know the Person better.

Using the Prompting Questions

The screenshot displays the PCSP software interface. On the left, a sidebar shows the 'Domains/Add Goal' menu with 'Daily Life Employment' selected. The main area is divided into two sections. The top section, 'Add Domain Information (Important TO Item)', has a 'Label' field with 'Optional' and a 'Note' field. Below this is a table titled 'Daily Life Employment Domain Information (Important TO Items)' with columns for Label, Note, Category, and From. The table contains three rows: 'What does my school day look like?' (Category: Applicable, From: PLAN), 'Am I learning about the different roles people have in life and how they are interrelated?' (Category: Applicable, From: PLAN), and 'Educational Setting' (Category: Applicable, From: UCANS). A red arrow points from the 'Applicable' dropdown in the first row to the 'Suggested Questions' panel on the right. The 'Suggested Questions' panel lists various prompts under 'Prenatal And Infancy', 'Early Childhood', and 'School Age'. The 'School Age' section is expanded, showing questions like 'What does my school day look like?' (checked), 'Am I in the least restrictive environment or neighborhood school?', 'With whom do I spend the majority of the school day?', 'How am I included at school with typical peers?', 'Am I learning social skills as well as daily living and academic skills in my school experience?', 'Is there technology to assist me with school activities?', and 'Are you sending me to the school's "after school" program and what supports do I need to fully participate?'.

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Link to booklet with all the Life Experience questions:

<https://umkc.box.com/shared/static/m6pu50fpao5w5i3nyoi26vmua8gfpt3m.pdf>

There are a lot of questions to help move the conversation along and cover a broad range of topics in the interview.

-No restrictions on only using prompts from the Person's stage. Use any prompt or use your own ideas and style for the conversation. That's what the open text boxes are for - to record your own questions.

Prompting questions are displayed by clicking the '+' sign next to the applicable Life Stage

- Specific questions can be inserted into the Domain by checking the box next to the question
 - Once the questions is selected for the Domain, notes - responses - can be added. Remember to use the person's voice!
- Additional questions can be added as needed, but you MUST add at least one per Domain in addition to those that auto-populate from the UCANS strengths..
- The Category drop-down menu allows SCs to determine if the item is applicable to the Plan, information only, or not applicable.
- Each domain will need to have SOMETHING added to document that all areas of a person's life were considered in the PCSP meeting. Even if there is no associated goal, you still must consider that domain. (PCP Competency!)
- As each area is considered and appropriately documented, the red X in the

- left-hand menu will disappear.

Adding Goals Example

The screenshot shows a web application interface for adding goals. The 'Domains/Add Goal' menu is open, and the 'Community Living' domain is selected. A 'New Goal' button is highlighted with a red arrow. Another red arrow points to the 'Add Goal' dialog box, which is open and shows a 'Goal' field. The 'Add Domain Information' section is also visible, showing a table of 'Community Living Domain Information'.

Label	Note	Category	From
Family Strengths	Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the individual and can provide limited emotional or concrete support.	Applicable	UCANS
Natural Supports	Individual has significant natural supports that contribute to helping support the individual's healthy development.	Applicable	UCANS

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The Domains/Add Goal menu:

-In this example, the “Community Living” Domain is selected before selecting “New Goal”

-When the “New Goal” button is selected, the user is prompted to “Add Goal”. In this example, the Goal will be associated with the selected “Community Living” Domain.

Action Plan - Natural Supports

Pre-Planning ☒ Plan Dates ☒ **Action Plan ☒** Budget ☒ Attachments Plan Backup ☒

Domains/Add Goal ☒

Add Natural Supports

Add Posp Natural Support

First Name

Last Name

Role

List of Natural Supports

Name	Role	<input checked="" type="checkbox"/> Social Relationship	Delete
Grandma Munk	Grandmother	<input checked="" type="checkbox"/>	
Theodore Munk	Brother	<input checked="" type="checkbox"/>	
Grandpa Munk	Grandfather	<input checked="" type="checkbox"/>	
Eleanor Munk	Mother	<input checked="" type="checkbox"/>	
Joe Munk	Father	<input checked="" type="checkbox"/>	
Simon Seville	Friend	<input checked="" type="checkbox"/>	
Dave Seville	Friend	<input checked="" type="checkbox"/>	
Beafrice Munk	Aunt	<input type="checkbox"/>	<input type="button" value="B"/>

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- These are people who are willing to provide natural support to the Person
- The Settings Rule puts an emphasis on considering natural supports and "other" supports, not just paid supports, when developing a PCSP. (PCP Competency!)
- People who are identified as providing natural support in the USTEPS "Social Relationships" area are automatically listed in this section
- Additional people can be added to this section of the PCSP as appropriate
- These people may be included as the provider for a specific support identified in the PCSP Action Plan

Action Plan - Other Supports

Pre-Planning ✓

Plan Dates ✓

Action Plan ✕

Budget ✕

Attachments

Plan Backup ✓

Delete Goal

Delete Support

Domains/Add Goal ✕

Add Natural Supports

Add Other Supports

Add Paid Services ✕

Goals And Supports ✕

Non Goal Supports ✕

Selected Plan Attachments

Add Posp Other Support

Other Support Description

AddClear

List of Other Supports ⓘ

Description	Delete
Vocational Rehabilitation	

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-Settings Rule Requirement and PCP competency!

-Other Paid/Unpaid supports are non-waiver services and supports the Person is receiving outside of DSPD or Waiver services;

-e.g., Vocational Rehab, State Medicaid Plan Services, Independent Living Centers, Mental Health, etc.

Action Plan - Add Paid Services

Pre-Planning ✓ Plan Dates ✓ Action Plan * Budget * Attachments Plan Backup ✓

Delete Goal Delete Support

- Domains/Add Goal *
- Add Natural Supports
- Add Other Supports
- Add Paid Services ***
- FOR Items *
- Services ✓
- Provider Services ✓
- Goals And Supports *
- Non Goal Supports *
- Selected Plan Attachments

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Add Paid Services

Paid Services have three requirements:

- Identify the important 'FOR' item that documents the health and safety need being met by the service
- Identify the specific services that will be included in the Person's plan
- Identify who the provider of the paid service will be and what the "unit of service" is for the service (i.e., daily, monthly, quarter hour)

Once these three requirements are completed, the service will be added to the budget

Action Plan - FOR Items (health/safety)

Add/Edit Important FOR Item

Label:

Note:

Important FOR Items

Item	Note	Category	From
Life Functioning -- Activities Of Daily Living	Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting). He does not wander far or for longer than few minutes.	<input type="text" value="Applicable"/>	UCANS
Life Functioning -- Medication	Individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition. Or, caregiver may be inconsistent in making sure the individual takes medication. Individual may benefit from direct supervision of medication.	<input type="text" value="Important Info"/>	UCANS
Life Functioning -- Communication	Individual has both limited receptive and expressive communication that interferes with their functioning. Age 0 through 5: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step	<input type="text" value="Applicable"/>	UCANS

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For Items

- The **first step** to add Paid Services is to review the assessed **Health and Safety needs** that have been identified by either the SIS or the UCANS
 - **Actionable** items identified in the UCANS appear in the “**For items**” sections of the Action Plan tab
- Any FOR item marked Applicable will be displayed in the list of FOR items.
- Each identified need will be classified as either “Applicable”, “Important Info”, or as “Not Applicable” - “Not Applicable” fall off the screen (“Show All” Option) - (It doesn’t show up on the demo screen.)
 - Applicable health and safety needs can be used to justify a purchased service (all purchased services must be “justified” by a health, safety, or habilitation assessed need.)
 - Applicable health and safety needs must be addressed in the plan by either a goal or non-goal support
- Additional Health and Safety needs can be added during the planning process. You can also change the status or edit items as needed.

Action Plan - Services

Pre-Planning Plan Dates **Action Plan** Budget Attachments Plan Backup

Delete Goal Delete Support

Domains/Add Goal
Add Natural Supports
Add Other Supports
Add Paid Services
FOR Items
Services
Provider Services
Goals And Supports
Non Goal Supports
Selected Plan Attachments

Add Service Select One

Plan Services Expand All

FORs	Service	Detail
	DSP	DAY SUPPORTS- PARTIAL DAY
	BC2	Behavior Consultation II
	FMS	Fiscal Management Service
	DSG	Day Supports Group
	SCE	Support Coordination External
	SL1	Supported Living Hourly - Family managed SAS

Add/Update FORs

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Services

- The “ongoing” services identified in the Review of Last Year’s Goals are automatically listed in the Services area
- Additional services can be added to the new plan by selecting the “Add Service” dropdown list
- FOR Items can be attached to each service by selecting the “Add/Update FORs” button (see next slide)
 - Each purchased service requires a “FOR” item to justify payment

Adding a FOR Item to a Service

Pre-Planning ☒ Plan Dates ☒ **Action Plan** ☒ Budget ☒ Attachments Plan Backup ☒

Delete Goal Delete Support

Domains/Add Goal ☒

Add Natural Supports

Add Other Supports

Add Paid Services ☒

FOR Items ☒

Services ☒

Provider Services ☒

Goals And Supports ☒

Non Goal Supports ☒

Selected Plan Attachments

Service Code **DSG - Day Supports Group**

FOR Items for Provider Service

For Item	Note
<input checked="" type="checkbox"/> Life Functioning -- Activities Of Daily Living	Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting). He does not wander far or for longer than few minutes.
<input checked="" type="checkbox"/> Life Functioning -- Communication	Individual has both limited receptive and expressive communication that interferes with their functioning. Age 0 through 5: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
<input type="checkbox"/> Behavioral Emotional Needs -- Anger Control Frustration Tolerance	Individual's difficulties with controlling their anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family, or school/work. Anger may be associated with physical violence. Others are likely quite aware of anger potential. Age 3 through 5: Young child struggles with tolerating frustration. Their reaction to frustration impairs functioning in at least one life domain. They may express frustration in age and developmentally inappropriate ways.
<input type="checkbox"/> Risk Behaviors -- Flight Risk Wandering	Individual engaged in risky flight or unexpected wandering behaviors during the last 30 days.
<input type="checkbox"/> Life Functioning -- Elimination	Individual demonstrates problems with elimination on a consistent basis that is interfering with their functioning. Individual may completely lack a routine in elimination and develop constipation as a result. A suspicion of and diagnosis of encopresis or enuresis is rated here.

Take Me Back

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Adding a FOR Item

- Once the “Add/Update FORs” button is selected, the FOR items are displayed below the selected Service. These are all of the items identified by the UCANS and marked as Applicable.
- The FOR items that justify the purchased service can be selected by clicking the box next to the FOR item
- Each service **must** be justified with **one or more** Health and Safety need (**FOR item**)
- To get back to the menu of Services, click the “take me back” button

Action Plan - Provider Services

Pre-Planning ☒ Plan Dates ☒ **Action Plan ☒** Budget ☒ Attachments Plan Backup ☒

Domains/Add Goal ☒

Add Natural Supports

Add Other Supports

Add Paid Services ☒

FOR Items ☒

Services ☒

Provider Services ☒

Goals And Supports ☒

Non Goal Supports ☒

Selected Plan Attachments

Provider Services				
Delete	Service	Provider	Unit Type	
<input type="button" value="i"/> <input type="button" value="x"/>	BC2	X-cellent	<input checked="" type="checkbox"/> Q	<input type="button" value="Copy"/>
<input type="button" value="i"/> <input type="button" value="x"/>	DSG	X-cellent	<input checked="" type="checkbox"/> D	<input type="button" value="Copy"/>
<input type="button" value="i"/> <input type="button" value="x"/>	DSP	X-cellent	<input type="checkbox"/> Q <input checked="" type="checkbox"/> D	<input type="button" value="Copy"/>
<input type="button" value="i"/> <input type="button" value="x"/>	FMS	FMS 1	<input checked="" type="checkbox"/> M	<input type="button" value="Copy"/>
<input type="button" value="i"/> <input type="button" value="x"/>	SCE	SCE 1	<input checked="" type="checkbox"/> M	<input type="button" value="Copy"/>
<input type="button" value="i"/> <input type="button" value="x"/>	SL1	FMS 1	<input checked="" type="checkbox"/> Q <input type="checkbox"/> O	<input type="button" value="Copy"/>

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Provider Services

- The final step for adding the paid service to the budget, is adding the provider and unit type to the service
- It will auto-populate with the providers selected previously. Additional service providers can be added if needed.
- Once the provider and unit type have been added to the service, the service will be added to the budget.
- Having to click to select the service and unit type verifies that they were purposefully chosen.

This menu ties in directly with the Budget. Information entered here will auto-populate data entry screens in that tab. When we discuss the Budget, you will see how selecting a service, provider, and unit type will link to the person's Budget.

Action Plan

- Domains/Add Goal
- Add Natural Supports
- Add Other Supports
- Add Paid Services
- Goals and Supports
- Non Goal Supports
- Selected Plan Attachments

You can also Delete Goal and Delete Support from this screen.

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The Action Plan is where the Important TO, goals, supports, and Important FOR elements come together.

Each element is considered separately in this version of the software.

Action Plan - Goals And Supports

Pre-Planning ✕ Plan Dates ✓ Action Plan ✕ Budget ✕ Attachments Plan Backup ✓

Delete Goal Delete Support

Domains/Add Goal ✓

Add Natural Supports

Add Other Supports

Add Paid Services ✕

Goals And Supports ✕

+ New Support

▶	I want to be outdoors
▶ ✕	Alvin (T) want to communicate better with family, friends and community members
▶ ✕	I want to go to the Olympics

Non Goal Supports ✓

Selected Plan Attachments

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Goals and Supports

-When you click on the “Goals and Supports” expansion arrow, all goals will be displayed (the “expansion” arrow is the triangle to the left of the goal).

-Supports associated with each goal can be viewed by clicking the expansion arrow next to each goal

If any of the goals have a red ‘X’, this indicates that the goal needs more information to be complete.

Action Plan - Goals And Supports

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Goals-

From the list of Goals, goals can be selected by clicking on the goal (the selected goal will be highlighted). When a goal is selected, the goal detail will show up in the middle of the screen. You can change or edit the goal if needed - it should be written in the individual's words as much as possible.

-When a goal is selected, you can add the details for the goal (Select the Life Domain the goal fits in, Current Status, Strengths, and Barriers).

-Please note: The new plan has additional details. A section has been added for Success Criteria. In this section, we have added "What does success look like to the Person"; and "If success looks different to the team, what does success look like". (PCP Competencies!) If the team has a different view of goal success, that section needs to be filled out. Otherwise, you can leave it blank. (Note the absence of the red x by that bottom text box meaning it is not required for validation.)

-In addition, any supports will be displayed under the selected goal when the goal is expanded (the small triangle is clicked and pointing down)

As you can see, there is a distinct separation of Goals from Services.

It might be helpful to know what we are telling individuals receiving services about

developing goals in their PCSP (from [Living the Life You Choose](#) workbook).

A goal is something in the future that you want to reach or achieve. Goals are what you want the end result to be, not the supports to help you get there. Goals should be personal, written for you and represent what you want. They should be based on what is important to you, what you are interested in, what your values are, and what brings you happiness.

You can write as many goals as you want in your PCP meeting. Some people will only focus on one personal goal; others will have many. You may know exactly what you want your goal(s) to be or you may find setting goals to be challenging. That's ok. Your support team can help you develop goals that focus on things you want to do.

Once your personal goals have been identified, your team can help you choose what services and supports will help you achieve your goals. Remember to decide what success will look like as you work on your goals. This will help you and your support team track progress after the Person-Centered Planning meeting.

During the meeting your support team will help you create a Person-Centered Support Plan (PCSP). This plan will summarize the things you discussed at your meeting. This includes your goals, and plans for how others will support you to reach your goals. After the meeting you will receive a copy of the PCSP. If you read the PCSP and don't understand something, let your support coordinator know.

Action Plan - New Supports

The screenshot displays the USTEPS (Utah Department of Human Services) Action Plan interface. A modal window titled 'Add Support' is open, showing a text input field for 'Support' and 'Add' and 'Cancel' buttons. An arrow points to this input field. In the background, the 'Goals And Supports' section is visible, with the goal 'I want to be outdoors' highlighted. An arrow points to the '+ New Support' button in this section. The main content area shows details for the selected goal, including 'Goal Domain' (Healthy Living), 'Current Status', 'Strengths', and 'Barriers'.

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Home Log Consumer Contact Sign Out UPI Help Admin Search Report CA

Plan ▾ Reports ▾

Pre-Planning ✕ Plan Dates ✓ Action Plan ✕ Budget ✕ A

Delete Goal Delete Support

Domains/Add Goal ✓

Add Natural Supports

Add Other Supports

Add Paid Services ✕

Goals And Supports ✕

+ New Support

I want to be outdoors

Paid and unpaid supports will help Alvin research, plan, and participate in activities outdoors.

Alvin (I) want to communicate better with family, friends and community members

I want to go to the Olympics

Goal: I want to be outdoors

Goal Domain: Healthy Living

Current Status: Alvin enjoys being in the outdoors. So far he does not like to exercise in a gym or indoors. He wants more variety in the activities he does. His routine is basketball, soccer, swimming, hiking, running. From some of the person-centered planning tools we learned he would like to try some individual Olympic sports.

Strengths: Athletic and like to stay busy. Alvin can lead out in activities and in small groups. Alvin is social, and can use technology, such as his tablet well.

Barriers: Alvin is more interested in going outdoors during the summer months, and less the in the winter. He does like winter activities but needs more support to participate in those activities on his own. Alvin does have some barriers in communication, and needs support at times to communicate verbally in the community.

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-New supports can be added to the selected goal (the highlighted goal)

-When the “New Support” button is selected, the window for adding the support will be displayed at the top of the screen.

-The new support will be displayed under the selected goal.

Action Plan - Developing Supports

Pre-Planning ✕ Plan Dates ✓ Action Plan ✕ Budget ✕ Attachments Plan Backup ✓

Delete Goal Delete Support

Domains/Add Goal ✓

Add Natural Supports

Add Other Supports

Add Paid Services ✕

Goals And Supports ✕

+ New Support

I want to be outdoors

Paid and unpaid supports will help Alvin research, plan, and participate in activities outdoors.

Alvin (1) want to communicate better with family, friends and community members

Alvin wants assistance to learn and practice communication skills and use them in home and community interactions

Goal I want to be outdoors

Support Paid and unpaid supports will help Alvin research, plan, and participate in activities outdoors.

Start Date 12/01/2023 End Date 10/31/2024

Support Details As part of paid support time staff will work with Alvin and his family to identify monthly activities Alvin wants to try. Staff will help Alvin schedule the activities, role play asking friends to go with him, and support Alvin to prepare for details of the activity like money, transportation, safety, time management, etc.

WHO Provides Support

Support FOR Items

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-Once supports have been added to a goal, additional details can be added to the support.

-A support can be selected with a mouse click. The selected support will be highlighted.

-When a supported is highlighted, additional detail can be added or modified (Start and End Date, Support Details, Who will provide the support, and any Health and Safety (FOR items) that will be addressed by the support.

-Identifying “Who” will provide the support or Identifying any FOR items addressed by the support, are managed by clicking the “+” to expand the sections.

Developing Supports - Who and FOR Items

Goal I want to be outdoors

Support Paid and unpaid supports will help Alvin research, plan, and participate in activities outdoors.

Start Date 12/01/2023 End Date 10/31/2024

Support Details As part of paid support time staff will work with Alvin and his family to identify monthly activities Alvin wants to try. Staff will help Alvin schedule the activities, role play asking friends to go with him, and support Alvin to prepare for details of the activity like money, transportation, safety, time management, etc.

WHO Provides Support [Add/Update Support Providers](#)

Natural Support	Theodore Munk	Brother
	Joe Munk	Father
	Eleanor Munk	Mother
Paid Provider	X-cellent	DSG
	X-cellent	DSP

Support FOR Items [Add/Update FORs To Support](#)

For Item	Note
Life Functioning -- Decision-making	Problems with judgment in which the individual makes decisions that are in some way harmful to their development or well-being. As a result, more supervision is required than expected for their age.
Life Functioning -- Communication	Individual has both limited receptive and expressive communication that interferes with their functioning. Age 0 through 5: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.

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-When the “+” sign is clicked for “Who will provide support” and “FOR Items”, any data for the selected support will be displayed.

-Information for “Who will provide support” and “FOR Items” can be managed by selecting the Add/Update buttons on the screen.

Adding/Updating “Who will provide the support”

Support Paid and unpaid supports will help Alvin research, plan, and participate in activities outdoors.

[Take Me Back](#)

▼ Select Natural Supports

	Natural Support	Type
<input type="checkbox"/>	Dave Seville	Friend
<input checked="" type="checkbox"/>	Theodore Munk	Brother
<input type="checkbox"/>	Simon Seville	Friend
<input type="checkbox"/>	Grandma Munk	Grandmother
<input checked="" type="checkbox"/>	Joe Munk	Father
<input type="checkbox"/>	Grandpa Munk	Grandfather
<input checked="" type="checkbox"/>	Eleanor Munk	Mother

▼ Select Paid Providers

	Service	Provider
<input type="checkbox"/>	FMS	FMS 1
<input checked="" type="checkbox"/>	DSG	X-cellent
<input checked="" type="checkbox"/>	DSP	X-cellent
<input type="checkbox"/>	SCE	SCE 1
<input type="checkbox"/>	SL1	FMS 1

▼ Select Other Supports

	Other Support
<input type="checkbox"/>	Vocational Rehabilitation

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-Once the “Add/Update Support Providers” button is selected, this screen is displayed
 - a list of identified Natural, Paid, and Other Supports is displayed. Remember, the Natural Supports, Paid Providers, and “Other Supports” were identified earlier in the planning process.

-To Link or identify who will provide the selected support, simply “click” in the box to the left of the support. The selected item will be added to the selected support. You will need to select one or more person/organization for each support. (PCP Competency!)

-When finished, click the “Take Me Back” button in the top right corner.

-All of the selected people/organizations will now be associated with the support.

Addressing “FOR” items

[Take Me Back](#)

Support Paid and unpaid supports will help Alvin research, plan, and participate in activities outdoors.

FOR Items for Support

	For Item	Note
<input checked="" type="checkbox"/>	Life Functioning -- Decision-making	Problems with judgment in which the individual makes decisions that are in some way harmful to their development or well-being. As a result, more supervision is required than expected for their age.
<input type="checkbox"/>	Life Functioning -- Transportation	Individual has frequent transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. regularly. Individual needs transportation assistance and access to special transportation resources.
<input type="checkbox"/>	Behavioral Emotional Needs -- Anger Control Frustration Tolerance	Individual's difficulties with controlling their anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family, or school/work. Anger may be associated with physical violence. Others are likely quite aware of anger potential. Age 3 through 5: Young child struggles with tolerating frustration. Their reaction to frustration impairs functioning in at least one life domain. They may express frustration in age and developmentally inappropriate ways.
<input checked="" type="checkbox"/>	Life Functioning -- Communication	Individual has both limited receptive and expressive communication that interferes with their functioning. Age 0 through 5: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
<input type="checkbox"/>	Life Functioning -- Activities Of Daily Living	Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).
<input type="checkbox"/>	Life Functioning -- Elimination	Individual demonstrates problems with elimination on a consistent basis that is interfering with their functioning. Individual may completely lack a routine in elimination and develop constipation as a result. A suspicion of and diagnosis of encopresis or enuresis is rated here.

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-Once the “Add/Update FORs to Support” button is selected, this screen is displayed.

-Remember, all Health and Safety/FOR items that are identified as being “applicable” must be specifically addressed in the plan. We address specific Health and Safety concerns through goal and non-goal Supports.

-When the “Add/Update FORs To Support” button is clicked, you will be able to associate FOR items to be accounted for in the selected support.

-Specific FOR items are selected by clicking the box to the left of the item.

-When finished select the “Take Me Back” button. The selected FOR items will be associated with the support.

Action Plan - Non Goal Supports

The screenshot displays the USTEPS web application interface for managing action plans. The top navigation bar includes the USTEPS logo and the text "utah department of human services". Below this, there are links for Home, Log, Consumer, Contact, Sign Out, UPI, Help, Admin, and Search. The main content area is divided into several sections. On the left, there is a sidebar with a list of navigation options: "Delete Goal", "Delete Support", "Domains/Add Goal", "Add Natural Supports", "Add Other Supports", "Add Paid Services", "Goals And Supports", and "Non Goal Supports". The "Non Goal Supports" option is currently selected and highlighted. Below this list, there is a section titled "+ New Support" with a red arrow pointing to it. This section contains a table with two rows: "Support Coordination External" and "Medical/Dental". At the bottom of the sidebar, there is a link for "Selected Plan Attachments". On the right side of the main content area, there is a modal window titled "Add Non Goal Support". This modal has a "Support" input field and two buttons: "Add" and "Cancel".

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-Non Goal Supports function the same as Goal Supports (sans being associated with a goal!)

-When selecting the Non Goal Supports tab, all Non Goal supports previously identified will be displayed.

-New Supports can be added by selecting the "+ New Support" Button.

Action Plan - Non Goal Supports

Support Support Coordination External

Start Date: 12/01/2023 End Date: 10/31/2024

Support Details Alvin will receive all SCE Support Coordination Standards per DSPD and have his PCSP developed according to her needs.

WHO Provides Support

Paid Provider: SCE 1 SCE

Support FOR Items

For Item	Note
Life Functioning - Decision-making	Problems with judgment in which the individual makes decisions that are in some way harmful to their development or well-being. As a result, more supervision is required than expected for their age.
Life Functioning - Transportation	Individual has frequent transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. regularly. Individual needs transportation assistance and access to special transportation resources.
Life Functioning - Communication	Individual has both limited receptive and expressive communication that interferes with their functioning. Age 0 through 5: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
Life Functioning - Activities Of Daily Living	Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).
Life Functioning - Elimination	Individual demonstrates problems with elimination on a consistent basis that is interfering with their functioning. Individual may completely lack a routine in elimination and develop constipation as a result. A suspicion of and diagnosis of encopresis or enuresis is rated here.

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-Non Goals supports are selected by clicking the support with the mouse. The selected support will be highlighted.

-When the non goal support is highlighted, details of the support, Who will provide the support, and the Health and Safety/FOR items can be managed.

As with Goal Supports, WHO will provide the support and Health and Safety/FOR items need to be added to each support.

Attachments

- Adding Attachments to the Plan
- Viewing Attachments to the Plan

Action Plan - Selected Plan Attachments

Pre-Planning ✕ Plan Dates ✓ Action Plan ✕ Budget ✕ Attachments Plan Backup ✓

Delete Goal Delete Support

Domains/Add Goal ✓

Add Natural Supports

Add Other Supports

Add Paid Services ✕

Goals And Supports ✕

Non Goal Supports ✓

Selected Plan Attachments

Employment Pathway Tool	11/16/2022
Relationship Map	11/21/2022
Person_Centered_Support_Plan_Tools	11/08/2022
Psychological_Assessment	12/01/2022
Person_Centered_Support_Plan_Tools	11/09/2022

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-The final section of the action plan are the Selected Attachments.

-The “Selected Attachments” are the documents that have been linked to the current plan from:

- The Planning tools during the Pre-Planning process; or
- The “Attachments” tab (discussed in the next section)

Action Plan - Selected Plan Attachments

Domains/Add Goal ✓

Add Natural Supports

Add Other Supports

Add Paid Services ✕

Goals And Supports ✕

Non Goal Supports ✓

Selected Plan Attachments

Attachment Name	Date
Employment Pathway Tool	11/16/2022
Relationship Map	11/21/2022
Person_Centered_Support_Plan_Tools	11/08/2022
Psychological_Assessment	12/01/2022
Person_Centered_Support_Plan_Tools	11/09/2022

DSPD Employment Pathway Tool

Tool Information:

Consumer: Alvin Munk
 PID: 021055921
 Support Coordinator: Jeanette Miller
 Start Date: 11/10/2022
 Status: **Complete**
 Completed On: 11/16/2022

Current Pathway: **PATHWAY A**

Activities & Interests:

Question Description: Related to any activities that the person is interested in

Question	Response
Tell me about your activities & interests	Alvin has a few vocabulary of words to communicate, and sometimes uses a tablet to communicate complex ideas or needs. His iphones and ipads is helpful with communicating with others. Alvin enjoys participating in activities like water/swimming, Plays sports, outdoors, Cheers for the Utes, Plays video games Likes to have an assignment for the activity. He is part of a church youth group that has activities every week and Bible study on Sundays. Alvin is a young man who graduated post high school May 2022. He really enjoys swimming and in special olympics. He loves playing sports and always looks forward to playing. He has reported to me that he would like to be in the Olympics some day.

Job Experience:

Question Description: Related to job experience

Question	Response
Tell me about your job experience	Have you ever had a job? No I did not have a job that I got paid for. When I was in high school, I was part of the School to Work program. Did you do any type of work activities did you do when you were in

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-Attachments can be viewed by selecting the attachment. The selected attachment will be highlighted.

-The selected attachment will be displayed once it is selected.

Go to Attachment you want to connect, click the box, and it will attach to the plan.

Attachments: Adding Attachments to a Plan

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Home Log Consumer Contact Sign Out UPI Help Admin Search Report CAPS Alvin Munk 021055921 Male ID In Service Jeanette Miller

Plan ▾ Reports ▾ Show Validation

Pre-Planning ✕ Plan Dates ✓ Action Plan ✕ Budget ✕ **Attachments** Plan Backup ✓

Electronic Documents

Attachments Selected For Plan

Person_Centered_Support_Plan_Tools	11/08/2022
Person_Centered_Support_Plan_Tools	11/09/2022
Psychological_Assessment	12/01/2022

Select Plan Documents

- Medical_Reports
- Person_Centered_Support_Plan_Tools
- Psychological_Assessment

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All documents that have been uploaded in USTEPS, can be attached to the PCSP

1. Documents that have been attached to the plan, are displayed under "Attachments Selected for Plan"
2. Document categories that have been uploaded to USTEPS, are displayed under "Select Plan Documents"

Attachments: Adding Attachments to a Plan

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Home Log Consumer Contact Sign Out UPI Help Admin Search Report CAPS Alvin Munk 021055921 Male ID In Service Jeanette Miller

Plan Reports Show Validation

Pre-Planning Plan Dates Action Plan Budget Attachments Plan Backup

Electronic Documents

Attachments Selected For Plan	
Person_Centered_Support_Plan_Tools	11/08/2022
Person_Centered_Support_Plan_Tools	11/09/2022
Psychological_Assessment	12/01/2022

Select Plan Documents

- Medical_Reports
- Person_Centered_Support_Plan_Tools
- Psychological_Assessment

<input checked="" type="checkbox"/>	2022-12-01	Add Optional Comments
-------------------------------------	------------	-----------------------

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1. Clicking the expanding arrow to the left of the document category will display the date and comments for all documents in that category that have been uploaded to USTEPS.
2. Clicking the checkbox next to the document date will link the document to the plan.
3. When the document is linked to the plan, the document type and date will be added under "Attachments Selected for Plan"

Attachments: Viewing Attachments

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Home Log Consumer Contact Sign Out UPI Help Admin Search Report CAPS Alvin Munk 021055921 Male ID In Service Jeanette Miller

Plan Reports Show Validation Plan -- New, Pending Plan Cycle [12/01/2023 - 10/31]

Pre-Planning Plan Dates Action Plan Budget Attachments Plan Backup

Electronic Documents

Attachments Selected For Plan

Document Name	Date
Person_Centered_Support_Plan_Tools	11/08/2022
Person_Centered_Support_Plan_Tools	11/09/2022
Psychological_Assessment	12/01/2022

Select Plan Documents

Medical_Reports

Person_Centered_Support_Plan_Tools

2022-11-09 Integrated Supports Star

2022-11-08 Trajectory for Exploring Worksheet

Psychological_Assessment

Alvin - Life-Trajectory-Exploring_2020 (1)

LIFE TRAJECTORY | EXPLORING

What is going to get me closer to the Olympics?

Goal: Alvin wants to go to the Olympics

Explore--

- Visit Olympic Venues-- observe training, try some courses-- Utah Olympic Oval, Park City, Rock Climbing, skate parks etc).
- Research with Alvin how athletes train their mind/body-- develop a training plan complete with workouts, nutrition, etc.
- Talk about taking breaks when needed
- Watch Olympic competitions (YouTube, Olympic trials, attend live events).
- Explore volunteer and work opportunities at sites, local media coverage.
- Plan a future trip to other states where people train (Colorado Springs?)
- Track progress with accomplishments in training and preparation
- Use Special Olympics, Utah Summer Games as a start

What is going to prevent me from the Olympics

- People not supporting my dream

Vision for What I Want

I want to be part of the Olympics because:

- "It is sports, during the day and it is out"
- Happens in summer or winter
- "I really like swimming, moguls, indoc"
- "Athletes are happy when they win"
- "Getting to know the athletes is fun"
- "I want to compete"

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Documents can be viewed by clicking on the document name in either the "Attachments Selected for Plan" table or the "Select Plan Documents"

Backup Plans

- Backup/Emergency Contacts
- Risk Response

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- Settings Rule Requirement
- Risks specific to the Person
- General "Who you gonna call" list when expected or unexpected situations happen

Backup Plans - Backup/Emergency Contacts

Pre-Planning ✓ Plan Dates ✓ Action Plan ✕ Budget ✕ Attachments Plan Backup ✓

Backup/Emergency Contacts

Risk/Response Data ✓

Add Backup/Emergency Contact

First Name Last Name

Role Phone Number

Email Address

Address1 Address2

City State Zip

Other Means Of Contact

Add Clear

List of Backup/Emergency Contacts

	Name	Role	Phone	Email	Address	Other	Delete
<input checked="" type="checkbox"/>	Simon Seville	Friend	8015384200	usteps@utah.gov	62 address 2 SLC UT 84116		
<input checked="" type="checkbox"/>	Joe Munk	Father	8015384200		62 address 2 SLC UT 84116		
<input checked="" type="checkbox"/>	Eleanor Munk	Mother	8015384200		62 address 2 SLC UT 84116		
<input checked="" type="checkbox"/>	Dave Seville	Friend	8015384200	usteps@utah.gov	994 W. 230 N. Orem UT		

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- Emergency Contacts from Social Relationships
- Add additional contacts for backup contacts that are not included in the “Social Relationships”
- Backup contacts can be specific to an identified risk or general contacts for both identified and unidentified risks or events.

Backup Plans - Risk/Response

Pre-Planning ✓

Plan Dates ✓

Action Plan ✕

Budget ✕

Attachments

Plan Backup ✓

Backup/Emergency Contacts

Risk/Response Data ✓

Add Identified Risk/Response

Identified Risk

Response Time

Response

Notes

Add

Clear

List of Identified Risks

Expand All

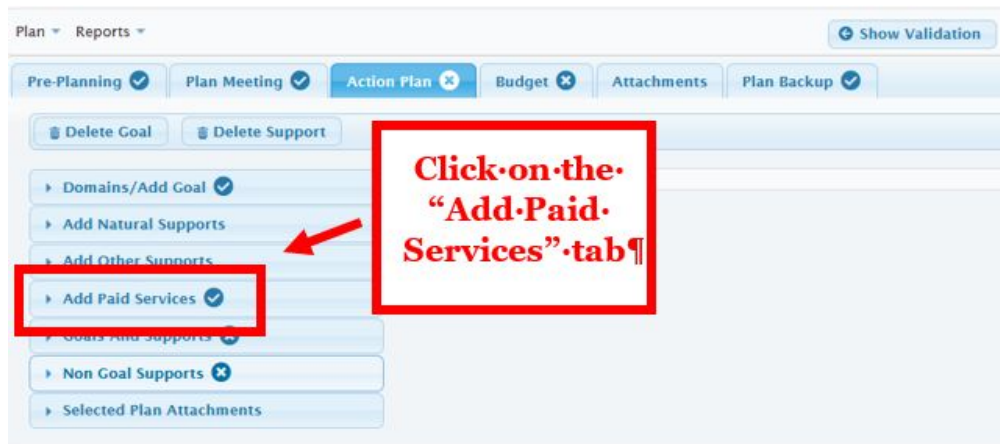
	Identified Risk	Response	Response Time	Notes	Delete
No records found.					

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- Specific Risks need to be identified for each Person.
- If the Person does not have known specific risks, that is OK
- Each Person should have identified people to contact in the case of known or unknown risk events

Person Centered Budget

Budget



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The “Add Paid Services” tab serves as the junction between the Action Plan data and the Budget data. Click on the tab to expose the data entry options there.

Budget

The screenshot displays a web application interface for budget management. At the top, there are tabs for 'Pre-Planning', 'Plan Meeting', 'Action Plan', 'Budget', 'Attachments', and 'Plan Backup'. The 'Action Plan' tab is currently selected. Below the tabs, there are buttons for 'Delete Goal' and 'Delete Support'. A sidebar on the left contains a list of sub-tabs: 'Domains/Add Goal', 'Add Natural Supports', 'Add Other Supports', 'Add Paid Services' (which is expanded), 'FOR Items', 'Services', 'Provider Services', 'Goals And Supports', 'Non Goal Supports', and 'Selected Plan Attachments'. The 'Add Paid Services' sub-tab is active, showing a list of service codes and their corresponding provider services. The 'Services' and 'Provider Services' sub-tabs are also visible, indicating a hierarchical structure for managing service codes and their connections to providers.

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The “Services” tab (underneath the “Add Paid Services” tab) allows you to setup the service codes that will appear on the “Provider Services” tab..

The “Provider Services” tab (underneath the “Add Paid Services” tab) allows you to connect service codes with providers.

Budget

Plan ▾ Reports ▾

Pre-Planning Plan Meeting Action Plan Budget Attachments Plan Backup

Plan Checklist

Plan Meeting Prep

Review of Last Year's Goals, Supports and Services

Review Goals and Supports

Review Non Goal Supports

Review Services

Additional Information

Planning Tools

Annual Review For Provider Services

FMS - Fiscal Management Service

SCE - Support Coordination External

SL1 - Supported Living Hourly - Family managed SAS

SL3 - Supported Living by a parent/guardian - SAS



Pre-Planning Plan Meeting Action Plan Budget Attachments Plan Backup

Delete Goal Delete Support

Domains/Add Goal

Add Natural Supports

Add Other Supports

Add Paid Services

FOR Items

Services

Provider Services

Goals And Supports

Non Goal Supports

Selected Plan Attachments

Add Service Select One

Plan Services

FORs	Service	Detail	
SL3	Supported Living by a parent/guardian - SAS		Add/Update FORs
SL1	Supported Living Hourly - Family managed SAS		Add/Update FORs
SCE	Support Coordination External		
FMS	Fiscal Management Service		

Expand All

Service codes marked as an *ongoing service for the new plan* in the "Review Services" tab are automatically moved to the "Services" tab in the Action Plan

Budget

Add Service Select One

Plan Services Select One Expand All

	Service	Detail	
FOR			
i	AFC	Supported Living by a parent/guardian -SAS	Add/Update FORs
i	APC	Supported Living Hourly - Family managed SAS	Add/Update FORs
i	APD		
i	APL	Support Coordination External	
i	APN		
i	APP	Fiscal Management Service	
i	APQ		
i	APS		

The “Add Service” pull down list allows you to add a new service code to the list of services that will appear on the PCSP Budget.

Budget

The screenshot shows a software interface with a top navigation bar containing tabs: Pre-Planning, Plan Meeting, Action Plan, Budget, Attachments, and Plan Back. The 'Budget' tab is active. On the left is a sidebar with a tree view including: Domains/Add Goal, Add Natural Supports, Add Other Supports, Add Paid Services, FOR Items, Services, Provider Services, Goals And Supports, Non Goal Supports, and Selected Plan Attachments. The main area has an 'Add Service' dropdown set to 'Select One'. Below it is a table titled 'Plan Services' with columns: FORs, Service, and Detail. The table contains four rows of service data. To the right of the table is an 'Expand All' button and two 'Add/Update FORs' buttons. A red box with the text 'Connect FORs to the service code' and an arrow points to the 'Add/Update FORs' button.

FORs	Service	Detail
SL3	SL3	Supported Living by a parent/guardian -SAS
SL1	SL1	Supported Living Hourly - Family managed SAS
SCE	SCE	Support Coordination External
FMS	FMS	Fiscal Management Service

Important “FOR” items can be connected to the service code by clicking on the “Add/Update FOR’s” button.

Budget

When a new service is added, the provider must be selected from the pulldown list.

Delete	Service	Provider	Unit	Type
	COM	Select..		
	FMS	MORAV	M	
	SCE	ENVVF	M	
	SL1	MORAV	Q	O
	SL3	MORAV	Q	

The service code's provider is included when the service is imported from the old plan.
If needed, the provider can be changed at this point

When a new service is added, the provider be selected from the pulldown list.

The service code's provider is included when the service is imported from the old plan. If needed, the provider can be changed at this point.

Budget

The screenshot shows a web interface for budget management. On the left is a sidebar with navigation links: Domains/Add Goal, Add Natural Supports, Add Other Supports, Add Paid Services (selected), FOR Items, Services, Provider Services, Goals And Supports, Non Goal Supports, and Selected Plan Attachments. The main area displays a table titled 'Provider Services'. The table has five columns: an action column, Service, Provider, Unit Type, and a Copy button. The 'Delete' button in the first column of the first row is highlighted with a red box. The table data is as follows:

	Service	Provider	Unit Type	
Delete	COM	Select..		Copy
Delete	FMS	MORAV	M	Copy
Delete	SCE	ENVVF	M	Copy
Delete	SL1	MORAV	Q O	Copy
Delete	SL3	MORAV	Q	Copy

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The “Delete” button located on the left-hand side of the row allows the service code / provider combination to be deleted. The delete option is available until the service code’s “Unit Type” is selected. Once that happens, the service is automatically moved to the budget. If the service needs to be deleted after the fact (prior to activation), then it first must be removed from the budget first. Then, it can be deleted from the “Provider Services” screen.

Budget

The screenshot displays the PCSP Budget interface. On the left is a sidebar with navigation options: Domains/Add Goal, Add Natural Supports, Add Other Supports, Add Paid Services, FOR Items, Services, Provider Services, Goals And Supports, Non Goal Supports, and Selected Plan Attachments. The main area is titled 'Provider Services' and contains a table with columns: Delete, Service, Provider, Unit Type, and a Copy button. The table lists several services: COM, FMS, SCE, SL1, and SL3, each associated with a provider (Select., MORAV, ENVVF, MORAV, MORAV). The 'Unit Type' column for the SCE service is highlighted with a red box, showing a dropdown menu with options M, Q, and O. The 'Copy' button for the SCE row is also visible.

Delete	Service	Provider	Unit Type	Copy
	COM	Select..	<input type="checkbox"/> M	Copy
	FMS	MORAV	<input type="checkbox"/> M	Copy
	SCE	ENVVF	<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> O	Copy
	SL1	MORAV	<input type="checkbox"/> Q	Copy
	SL3	MORAV	<input type="checkbox"/> Q	Copy

The mechanism that puts the service code / provider on the PCSP Budget is selecting the “Unit Type”. Once the selection is saved, the service code / provider cannot be deleted from the “Provider Services” tab (i.e. because the service code / provider data has been automatically moved to the Budget screen).

Budget

Pre-Planning ☒
Plan Meeting ☒
Action Plan ☒
Budget ☒
Attachments
Plan Backup ☒

Budget \$52,579.47
ASL \$49,872.94
Plan Max \$49,872.94
Plan Total \$0.00

Consumer Services (Budget Lines)

	SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
<input type="checkbox"/>	<input checked="" type="checkbox"/> FMS	MORAV - A02753		12/01/2022	11/30/2023		M				0.00		<input type="text"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> SCE	ENVVF - A03110		12/01/2022	11/30/2023		M				0.00		<input type="text"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> SLI	MORAV		12/01/2022	11/30/2023		Q				0.00		<input type="text"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> SL3	MORAV		12/01/2022	11/30/2023		Q				0.00		<input type="text"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Restricted Services

Pro Forma Budget - One-Time Money

At this stage of the process, data entry on the budget can take place. Data entry consists of two parts.

Part 1: Selecting the budget line's Provider Approval.

Part 2: Entering the budget line's financial eligibility, rate, units, etc.

Budget

Pre-Planning ✓
Plan Meeting ✓
Action Plan ✕
Budget ✕
Attachments
Plan Backup ✓

Budget \$52,579.47
ASL \$49,872.94
Plan Max \$49,872.94
Plan Total \$0.00

Consumer Services (Budget Lines)

	SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
➔	FMS	MORAV - A02753		12/01/2022	11/30/2023		M				0.00			🗑️ 🗑️
➔	SCE	ENVVF - A03110		12/01/2022	11/30/2023		M				0.00			🗑️ 🗑️
➔	SL1	MORAV		12/01/2022	11/30/2023		Q				0.00			🗑️ 🗑️
➔	SL3	MORAV		12/01/2022	11/30/2023		Q				0.00			🗑️ 🗑️

Restricted Services +

Pro Forma Budget - One-Time Money +

Click on the blue button with the arrow inside to expose the Provider Approval(s) available for the service code / provider combination.




















Budget

Consumer Services (Budget Lines)

		SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
		FMS	MORAV - A02753		12/01/2022	11/30/2023		M				0.00			
Approvals															
		SVC	Approval ID	Provider	Provider ID	Provider Address	Contract ID	Approval Start	Approval End	Unit Type	Rate				
		FMS	143434	MORNING SUN FINANCIAL SERVICES OF UTAH LLC	3550	9400 GOLDEN VALLEY RD GOLDEN VALLEY MN 55427	A02753	07/01/2022	06/30/2024	M	100.00				
		SCE	ENVVF - A03110		12/01/2022	11/30/2023		M				0.00			
		SL1	MORAV		12/01/2022	11/30/2023		Q				0.00			
		SL3	MORAV		12/01/2022	11/30/2023		Q				0.00			

Click on the button located on the left-hand side of the Provider Approval's service code to select it. Once that is done, the "Approval ID" from the Provider Approval record is automatically loaded on the Budget line in the "Approval ID" column.

Budget

Consumer Services (Budget Lines)															
		SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
		FMS	MORAV - A02753	143434	12/01/2022	11/30/2023		M	100.00			0.00			 
		SCE	ENVVF - A03110	142578	12/01/2022	11/30/2023		M	243.69			0.00			 
		SL1	MORAV	144316	12/01/2022	11/30/2023		Q	6.20			0.00			 
		SL3	MORAV	144321	12/01/2022	11/30/2023		Q	6.20			0.00			 



















Click the “Pencil” icon to put the row in edit mode and enter its start/end dates, rate, etc.

Budget

Consumer Services (Budget Lines)															
		SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
		FMS	MORAV - A02753	143434	12/01/2022	11/30/2023	<div>Select...</div>	M	100.00			0.00		<div></div>	<div></div>
		SCE	ENVVF - A03110	142578	12/01/2022	11/30/2023		M	243.69			0.00			<div></div>
		SL1	MORAV	144316	12/01/2022	11/30/2023		Q	6.20			0.00			<div></div>
		SL3	MORAV	144321	12/01/2022	11/30/2023		Q	6.20			0.00			<div></div>

Click the “Check-Mark” icon to set the data values on the budget line.


Budget

Consumer Services (Budget Lines)															
		SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
		FMS	MORAV - A02753	143434	12/01/2022	11/30/2023		M	100.00			0.00			 
		SCE	ENVVF - A03110	142578	12/01/2022	11/30/2023		M	243.69			0.00			 
		SL1	MORAV	144316	12/01/2022	11/30/2023		Q	6.20			0.00			 
		SL3	MORAV	144321	12/01/2022	11/30/2023		Q	6.20			0.00			 

Use the “copy” icon to duplicate the budget line (even before the line is activated).

Use the “Delete” icon to remove the line from the budget prior to activation.

Budget

Consumer Services (Budget Lines)														
	SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
	 FMS	MORAV - A02753	143434	12/01/2022 	11/30/2023 	Select..	M	100.00			0.00		 	 
	 SCE	ENVVF - A03110	142578	12/01/2022 	11/30/2023 	Select..	M	243.69			0.00		 	 
	 SL1	MORAV	144316	12/01/2022 	11/30/2023 	Select..	Q	6.20			0.00		 	 
	 SL3	MORAV	144321	12/01/2022 	11/30/2023 	Select..	Q	6.20			0.00		 	 

All of the budget lines can be put in “Edit” mode at the same time.

Budget

Budget	\$52,579.47	ASL	\$49,872.94	Plan Max	\$49,872.94	Plan Total	\$0.00
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Consumer Services (Budget Lines)

		SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
		FMS	MORAV - A02753	143434	12/01/2022	11/30/2023	SM	M	100.00	1	12	1,200.00			
		SCE	ENVVF - A03110	142578	12/01/2022	11/30/2023	SM	M	243.69	1	12	2,924.28			
		SL1	MORAV	144316	12/01/2022	11/30/2023	SM	Q	6.20	250	5700	35,340.00			
		SL3	MORAV	144321	12/01/2022	11/30/2023	SM	Q	6.20	100	4000	24,800.00			

Restricted Services

Pro Forma Budget - One-Time Money

The Restricted Services bar shows the restricted service rate data that exists within the plan cycle

Budget

Budget	\$52,579.47	ASL	\$49,872.94	Plan Max	\$49,872.94	Plan Total	\$0.00
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Consumer Services (Budget Lines)

		SVC	Provider/Contract	Approval ID	Start Date	End Date	Financial Eligibility	K	Rate	Monthly Max	Plan Units	Total \$	Daily Hours	Edit	Action
		FMS	MORAV - A02753	143434	12/01/2022	11/30/2023	SM	M	100.00	1	12	1,200.00			
		SCE	ENVVF - A03110	142578	12/01/2022	11/30/2023	SM	M	243.69	1	12	2,924.28			
		SL1	MORAV	144316	12/01/2022	11/30/2023	SM	Q	6.20	250	5700	35,340.00			
		SL3	MORAV	144321	12/01/2022	11/30/2023	SM	Q	6.20	100	4000	24,800.00			

Restricted Services

Pro Forma Budget - One-Time Money

The “Pro Forma Budget - One Time Money” bar shows the value(s) of one-time money that exists within the Plan Cycle.